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MAY 14 2007

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7590

04/20/2007

Pamela R. Crocker  
 Patent Legal Staff  
 Eastman Kodak Company  
 343 State Street  
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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Maria Langschwager	(Depositor's name)
Maria Langschwager	(Signature)
May 11, 2007	(Date)

05/14/2007 FMETEK12 00000042 10734861

1. FEE NO.	1400.00 OP	FILING DATE	04/20/07	FIRST NAMED INVENTOR	Michael R. McGovern	ATTORNEY DOCKET NO.	86373SLP	CONFIRMATION NO.	1546
2. APPLICATION NO.	10/734,861	FILING DATE	12/12/2003	FIRST NAMED INVENTOR	Michael R. McGovern	ATTORNEY DOCKET NO.	86373SLP	CONFIRMATION NO.	1546

TITLE OF INVENTION: INTRAORAL RADIOGRAPHIC DENTAL X-RAY PACKETS HAVING NON-LEAD RADIATION SHIELDING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SONG, HOON K	2882	378-169000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Susan L. Parulski

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Carestream Health, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

150 Verona Street  
Rochester, New York 14608

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Susan L. Parulski

Date

May 9, 2007

Typed or printed name

Susan L. Parulski

Registration No.

39,324

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